UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | |
|---|----------------------------------|---------|-------------------------|-----------------|-------------|
| 1 Date of Request: 7-9-15 2 Serial/Patent # 09/788047 | | | | | |
| 3 Please refund the following fee(s): | | | APER UMBER | 5 DATE FILED | 6 AMOUNT |
| • | Filing | | | | \$ |
| | Amendment | | - | | \$ |
| | Extension of Time | | | 8-4-04 | \$ 2,010 |
| | Notice of Appeal/Appeal | | | | \$ |
| | Petition | | | | \$ |
| | Issue | | | | \$ |
| | Cert of Correction/Terminal Disc | • | | | \$ |
| | Maintenance | | | | \$ |
| | Assignment | | | | \$ |
| | 0ther | | | | \$ |
| | | 7 | 7 TOTAL AMOUNT S 2, 8/8 | | |
| | | 8 ' | 8 TO BE REFUNDED BY: | | |
| 10 REASON: | | | Treasury Check | | |
| | Overpayment | - | | redit Dep | osit A/C #: |
| | Duplicate Payment | | , 5011901 | | |
| | No Fee Due (Explanation): | <u></u> | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 11 REFUND REQUESTED BY: | | | | | |
| TYPED/PRINTED NAME: | | | TITLE: | | |
| SIGNATURE: | | | PHONE: | | |
| OFFICE: | | | | | |
| THIS SPACE RESERVED FOR FLYANCE USE ONLY: APPROVED: DATE: 10 05 | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

FORM PTO 1577 (01/90)